



**ACKNOWLEDGEMENT OF NOTIFICATION
OF REGULATED WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

WVR000000810

04/07/95

INSTALLATION ADDRESS

GO-MART STORE 050
915 RIVERSIDE DR
GASSAWAY, WV 26624
JEFF PARSONS ENV DIR

2100 HARPER RD
BECKLEY, WV 25801

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☒ A. First Notification ☐ B. Subsequent Notification (Complete item C)

C. Installation's EPA ID Number

W V R 0 0 0 0 0 0 8 1 0

II. Name of Installation (Include company and specific site name)

G O - M A R T S T O R E 0 5 0

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

2 1 0 0 H A R P E R R O A D

Street (Continued)

City or Town

B E C K L E Y

State

W V

Zip Code

2 5 8 0 1 -

County Code

0 8 1

County Name

R A L E I G H

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

9 1 5 R I V E R S I D E D R I V E

City or Town

G A S S A W A Y

State

W V

Zip Code

2 6 6 2 4 -

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

P A R S O N S

(First)

J E F F

Job Title

E N V I R D I R E C T O R

Phone Number (Area Code and Number)

3 0 4 - 3 6 4 - 8 0 0 0

VI. Installation Contact Address (See Instructions)

A. Contract Address

Location Mailing Other

☐ ☒ ☐

B. Street or P.O. Box

City or Town

State

Zip Code

-

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

G O - M A R T I N C

GENERAL STATE SECTION

Street, P.O. Box, or Route Number

9 1 5 R I V E R S I D E D R I V E

City or Town

G A S S A W A Y

State

W V

Zip Code

2 6 6 2 4 -

EPA, KS

Phone Number (Area Code and Number)

3 0 4 - 3 6 4 - 8 0 0 0

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

No

(Date Changed)

Month

Day

Year

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instructions)

A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☒ b. 100 to 1000 kg/mo (200-2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify _____
- ☐ 3. Treater, Storer, Disposer (at Installation) Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace
- ☐ 1. Smelter Refractor
- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer
- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)
- ☐ a. Utility Boiler
- ☐ b. Industrial Boiler
- ☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Activity(ies)
- ☐ a. Transporter
- ☐ b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
- ☐ a. Process
- ☐ b. Re-refine

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒
2. Corrosive (D002) ☐
3. Reactive (D003) ☐
4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s)) ☒ D018

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See Instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See Instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Jeff Parsons

Name and Official Title (Type or print)

JEFF PARSONS
ENVIRONMENTAL DIRECTOR

Date Signed

2/28/95

XI. Comments

OW 4/5/95
HST 4-4-95

RECEIVED

MAR 01 1995

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the Instructions.)

Division of Waste Management

NOTIFICATIONS

1. EPA ID NUMBER		WVR0000000810									
2. FACILITY NAME <u>90-Mark Store 050</u>											
3. NOTIFICATION DATE <u>8/29/00</u>						4. SOURCE (circle one): N A <u>(S)</u> E					
WASTE ACTIVITY	5. TYPE (New Status) (circle one)	6. RCRA REGULATORY STATUS (circle one)				7. STATUS DESCRIPTION (circle one)					
GENERATOR (Current Status) 1 LQG <input checked="" type="radio"/> 2 SQG 3 CESQG 4 Other _____	1 LQG 2 SQG <input checked="" type="radio"/> 3 CESQG N Not a generator, verified Blank Unverified	<input checked="" type="radio"/> R RCRA Regulated P Pending A Regulated under another ID Number N Not RCRA Regulated (closed, non-handler)				<input checked="" type="radio"/> 1 Conditionally Exempt Small Quantity Generator 2 Definitionally excluded waste 3 Delisted wastes 4 One-time generator 5 Periodic generator 6 No longer generating hazardous waste, still in business 7* No longer generating hazardous waste, no longer in business 8* Never generated hazardous waste 9 ID number to transport non-hazardous waste 10 Regulated under another ID number (*most commonly used)					
STATUS CHANGE DETERMINED BY: <input checked="" type="checkbox"/> Inspection Report _____ Revised Notification from the Facility _____ State Documentation Certifying Clean Closure _____ Affidavit from the State _____ Documentation not Required _____ Revised Notification _____ EPA Clean Closure Certificate _____ Affidavit from the Facility _____ Biennial Report _____ Other (explain below)											

EPA/BAH Use Only

Date to Date Entry _____

Batch Number _____

Date QA'd 8/29/00

EVALUATION - VIOLATION - ENFORCEMENT FORM

AC 10/3/00

04/95 VERSION

Handler ID Number		Contact Name		RESERVED FOR EPA USE	
WVR000000810		JEFF PARSONS		AC 10/3/00	
Handler Name					
GO-MART STORE 050					
Street			City		
2100 HARPER ROAD			BECKLEY		

UNIVERSE CHANGE REQUIRED		YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>
I. Indicate the facility's current universe(s):			III. Indicate the new transporter status (Mark here only if the facility requires a transporter status change):		
SQG					
II. Indicate the new RCRIS Generator Universe (mark only one):			Transporter []		
LQG [] CEG [X] NON-HANDLER [] SQG [] CLOSED []			If the transporter box is checked, you must check at least one of the boxes below: Mark Mode of Transportation [] Air [] Water [] Rail [] Other [] Highway		
NOTE: All TSD activity changes must be handled by the state data coordinator and cannot be made using this form			Non-Transporter [] Check this box if the facility is currently listed in RCRIS as a transporter and no longer transports hazardous waste.		

EVALUATION		Add	<input checked="" type="checkbox"/>	Change	<input type="checkbox"/>	Delete	<input type="checkbox"/>
Date	Number	Agency	Type	Reason	Branch	Person	
08 29 2000		S	CEI		CAER	WVPLH	

AREAS OF EVALUATION (E - Evaluated NE - Not Evaluated NA - Not Applicable)															
GGR	GSC	TWD	DGW	DOR	DWP	BRR	FEA	GLB	GSQ	DCH	DLB	DPB	DIN	BPS	CSS
GMR	GEX	DCL	DLF	DPP	DIA	BIS	UOR	GOR	TGR	DCP	DLT	DSI	DPS	BCE	UWR
GPT	TMR	DFR	DMC	DTR	DOP	BDT		GRR	TOR	DGS	DMR	DTT	DMI	CAS	

Comments CHANGE STATUS TO CEG-NO VIOLATIONS

OUTSTANDING VIOLATIONS COVERED BY ABOVE EVALUATION							
Agency	Number	Area	Date Determined	Agency	Number	Area	Date Determined

VIOLATION		Add	<input type="checkbox"/>	Change	<input type="checkbox"/>	Delete	<input type="checkbox"/>	Link to Above Evaluation? (Y/N)	<input type="checkbox"/>
Agency	Number	Area	Class	Regulation Type	Regulation Citation				
Returned to Compliance									
Date Determined	Priority	Branch	Person	Scheduled	Actual				
Comments									



Office of Waste Management/CAER
1356 Hansford Street
Charleston, WV 25301-1401
Telephone: 304-558-5989
Fax: 304-558-0256



West Virginia Division of Environmental Protection

Cecil H. Underwood
Governor

Michael C. Castle
Director

September 8, 2000

Jeff Parsons, Environmental Director
Go-Mart Store 050
915 Riverside Drive
Gassaway, WV 26624

Dear Mr. Parsons:

Enclosed is a copy of the **Compliance Evaluation Inspection (CEI) Report** completed on your facility by a representative of the Chief from the Office of Waste Management. This report is based on the inspection conducted on August 29, 2000.

There were no areas of non-compliance with the appropriate Hazardous Waste Management Regulations documented during the inspection.

Thank you for your assistance and cooperation. If you have any questions concerning the inspection or attached report, please feel free to contact Inspector P. L. Harris at (304) 465-1919.

Sincerely,

Christopher M. Gatens
Southern Unit Supervisor
Compliance Assurance and Emergency Response

CMG/kw

cc: Inspector P. L. Harris
File



Office of Waste Management
116 Industrial Drive
Oak Hill, WV 258901
304-465-1919
304-465-1524 (fax)

West Virginia Division of Environmental Protection

Cecil H. Underwood
Governor

Michael C. Castle
Director

CONDITIONALLY EXEMPT SMALL QUANTITY GENERATOR COMPLIANCE EVALUATION INSPECTION

The regulations for this inspection are the WV Hazardous Management Act (Chapter 22-18), 33CSR 20 Sections 1-5, 13, 14 and 40CFR Parts 260, 261, 273, & 279 which apply to facilities generating <100kg/month of Hazardous Waste (HW).

COMPANY NAME: Go-Mart Store 050
MAILING ADDRESS: 915 Riverside Drive
Gassaway, WV 26624
LOCATION: 2100 Harper Road, Beckley
COMPANY CONTACT: Jeff Parsons
PHONE: 304-364-8000
DATE INSPECTED: August 29, 2000
DATE PREPARED: September 1, 2000
INSPECTORS: (1) Penny Harris
(2) -----

EPA ID#: WVR000000810
NON-HANDLER:(Y/N) N
COUNTY: (081) Raleigh
TITLE: environmental director
ADVISED OF INSPECTION AUTHORITY: Y
TIME OF INSPECTION: 10:30 am
PREPARED BY: Penny Harris
VIOLATIONS:(Y/N) N
ACTION TAKEN: NA
(NOV/Adm Enf Ref/Other)

FACILITY DESCRIPTION: gas station

<u>Hazardous Wastes (as Notified or updated)</u>	<u>Qty/Mo.</u>	<u>Disposal Co./Method</u>
D001/D018--gasoline / diesel contaminated floor dry	400-800 lbs / 6 months	Perma Fix, Dayton, OH

REGULATORY CITATION

YES NO N/A

40CFR--262.11	Has facility made a HW Determination for all waste?	X		
33CSR20-- 4.1	Has facility notified for all HW streams?	X		
40CFR--261.5(e)(1)	Is facility accumulating <1 kg (2.2 lbs) acute HW on-site?			X
40CFR--261.5(e)(2)	Is facility accumulating <100 kg (220 lbs) acute HW spill cleanup debris on-site?			X
40CFR--261.5(f)(3)	Does facility treat/recycle/reclaim/reuse the acute HW?			X
	Does facility ensure delivery of the acute HW to permitted TSDF/recycler/beneficial user?			X
40CFR--261.5(g)(2)	Is facility accumulating <1000 kg (2200 lbs) non-acute HW on-site?	X		
40CFR--261.5(g)(3)	Does facility treat/recycle/reclaim/reuse the non-acute HW?		X	
	Does facility ensure delivery of the non-acute HW to permitted TSDF/recycler/beneficial user?	X		
40CFR--261.5(h)	Does facility mix non-HW with HW resulting in non-characteristic waste?		X	
40CFR--261.5(i)	Does facility mix non-HW with quantities of HW initially greater than 2.4 amounts?		X	
40CFR--261.5(j)	Does facility mix HW with used oil?		X	
33CSR20--13	Is facility in compliance with all applicable universal waste requirements?			X
33CSR20--14	Is facility in compliance with all applicable used oil requirements?			X

COMMENTS: Facility notified as SQG when they opened in 1995, but has always been CESQG according to manifests. Waste was formerly picked up by Safety Kleen, but contract was changed to Perma Fix starting this month.

WASTE MINIMIZATION PRACTICES: Waste is from cleaning up customer spills and is mostly diesel.

